Mail Renewal Program HRA/ Medical Assistance Program PO Box 329060 Brooklyn, NY 11232-9823



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Case Name:

Case Number:

If you have any questions, call the HRA Medicaid Helpline at 888-692-6116

# MAGI INDIVIDUAL TRANSITION MEDICAID TO THE NY STATE OF HEALTH

#### NOTICE OF RECERTIFICATION FOR MEDICAID

#### Dear Consumer:

This is to inform you that continued eligibility for Medicaid coverage for the following individuals must now be determined by New York's health plan marketplace, NY State of Health:

| Name: | Client I.D. #: |
|-------|----------------|
| Name: | Client I.D. #: |
| Name  | Client I.D. #: |
| Name: | Client I.D. #: |

( ) X indicates there are additional household members whose continued eligibility for Medicaid must now be determined by NY State of Health.

This means that you will no longer recertify your Medicaid coverage with the New York City Human Resources Administration (HRA). Your Medicaid coverage with HRA will end on *insert date*. You must recertify your Medicaid coverage with NY State of Health to continue your coverage.

Not everyone can have Medicaid eligibility determined on NY State of Health. If there are members of your household who are not listed on this notice, and there is not an "X" above, it is because they must continue to have Medicaid eligibility determined through HRA.

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## What happens next?

You will receive a letter from NY State of Health telling you about your new account. An account is being created for you in NY State of Health to recertify your Medicaid. Your letter from NY State of Health will tell you how to access your account. You may not receive your letter right away. Your letter should arrive the month before your Medicaid with HRA ends. If you do not receive a letter by *insert date* from NY State of Health, please call 1-855-355-5777 (TTY: 1-800-662-1220). It is very important that you access your NY State of Health account because you will not be able to recertify your Medicaid with HRA. Your Medicaid coverage can only be renewed through NY State of Health.

## **About NY State of Health**

NY State of Health is a marketplace designed to help people enroll in health insurance coverage. Through a single application, individuals can apply for eligibility for health insurance programs, like Medicaid, Child Health Plus, and the Essential Plan, and enroll in these programs, if eligible.

NY State of Health is a modernized system that allows Medicaid recipients to easily complete renewals and/or notify the Medicaid program of changes that occur such as with income, address, reporting of a pregnancy or changes within the household. Changes can be made directly online, by telephone or in-person with the help of a community assistor.

## Please tell us Right Away

If you are NOT enrolled in a Medicaid Managed Care plan and currently receive any of the following services, please call 1-888-692-6116 immediately:

- Nursing home care provided in a hospital or skilled nursing facility
- Hospice services in the community or in a nursing home
- Adult day program, certified home health aide or personal care services

If Medicaid is paying health insurance premiums, including Medicare, for you or other members of your household, these premium payments may continue if they are determined to be cost effective.

## **Legal Reference**

This decision is based on Sections 366-a(5) and 366(1)(b) of the Social Services Law.

#### **Accommodations**

The New York Medicaid program:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- TTY through NY Relay Service
- If you are blind or seriously visually impaired and need notices or other written materials in an alternative format (large print, audio, or data CD, or Braille), please call the telephone number listed at the top of this notice.

Provides free language assistance services to people whose primary language is not English, such as:

- Qualified interpreters
- Written information in other languages

If you need these services or for more information on Reasonable Accommodations, please call the Office of Constituent Services at 212-331-4640 (TTY 1-800-662-1220).

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## **Notice of Nondiscrimination Policy**

The New York Medicaid program complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age or disability in its health program and activities.

The New York Medicaid program also complies with applicable state laws and does not discriminate on the basis of race, color, national origin, creed/religion, sex, marital/family status, disability, arrest record, criminal conviction(s), gender identity, sexual orientation, predisposing genetic characteristics, military status, domestic violence victim status and/or retaliation.

If you believe that the New York Medicaid program has discriminated against you, you may file a complaint by going to: <a href="http://www.health.ny.gov/regulations/discriminationcomplaints/">http://www.health.ny.gov/regulations/discriminationcomplaints/</a> or, by emailing the Diversity Management Office at <a href="mailto:DMO@health.ny.gov">DMO@health.ny.gov</a>.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically at <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a> or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; 800-368-1019 (TTY 800-537-7697). Complaint forms are available at <a href="https://hhs.gov/ocr/office/file/index.html">https://hhs.gov/ocr/office/file/index.html</a>.

# **HIPAA Privacy Notice**

The New York Medicaid program must tell you how we use, share, and protect your health information. The New York Medicaid program includes regular Medicaid and Medicaid Managed Care. The program is administered by the New York State Department of Health and the Local Department of Social Services.

A copy of the Notice may be obtained at your local Department of Social Services. It is also available at: <a href="http://www.health.ny.gov/health.care/medicaid/program/hipaa/notepriveng.htm">http://www.health.ny.gov/health.care/medicaid/program/hipaa/notepriveng.htm</a>

**Do you have a medical or mental health condition or disability?** Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

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